

APPENDIX I:
PRIORITIES AND STRATEGIES FOR
PUBLIC HEALTH REGIONS

Priorities for TDH Public Health Regional (PHR) Offices

PHR	Priorities	Strategies	Strategic Challenges
All PHRs	<i>Strengthen and/or establish local public health infrastructure.</i>	<ul style="list-style-type: none"> • Begin partnership building with local health departments. • Hold quarterly meetings with local health departments. • Continue to strengthen communication infrastructure in local health departments. • Continue to strengthen communication with local public health entities in areas where region acts as local health department. • Assist local communities in building public health capacity. • Start building new local public health systems by: <ul style="list-style-type: none"> ✓ identifying county(ies) that are willing and ready to build a new local public health system; ✓ negotiating resources/support between TDH and local government of county that wants to build a new local public health system; ✓ creating core public health team in county to staff the new public health system; • Partner with community based organizations willing to serve diverse populations • Plan, coordinate and deliver essential public health functions in communities that have no local health department. 	<ul style="list-style-type: none"> • Have the ability to meet the needs of many different communities within the region. • Provide technical assistance and support to local health departments. • Provide public health functions in communities with no local health departments. • Educate local governments and local health departments about the essential public health functions, and assisting them with realigning their local health department to provide such services. • Ensure training and technical assistance to local health departments • Ensure public health functions to diverse populations within communities. • Negotiate with local governing authorities when several counties must join together to build a local public health system. • Negotiate with various levels of municipalities.

Priorities for TDH Public Health Regional (PHR) Offices

PHR	Priorities	Strategies	Challenges
	Continued . . . <i>Strengthen and/or establish local public health infrastructure.</i>	<ul style="list-style-type: none"> • Link individuals to health care services, and provide such services when there are no other providers. • Perform community assessments to identify public health needs within a community. • Develop local boards of health to monitor and direct the local public health system. 	<ul style="list-style-type: none"> • Help local communities to understand what public health is, to support public health services, and to monitor and assess the delivery of services to the community. • A lack of clear roles, responsibilities and public health standards between locals, regions, and central office programs • A lack of clearly defined communications systems/protocols for timely information sharing; this is necessary for local governmental planning and for responding to health threats/disease outbreaks • A lack of data that is timely, accurate, and meaningful to local elected officials, local boards of health, and other local health stakeholders.
All PHRs	<i>Ensure essential public health functions available across the regions.</i>	<ul style="list-style-type: none"> • Establish relationships with community leaders and work with them to identify their public health needs. • Tailor TDH programs to be maximally effective and efficient in the region. • Apply local cultural norms and values to program materials to improve acceptance and applicability. 	<ul style="list-style-type: none"> • Allocate agency resources to adequately ensure statewide public health functions across region • Respond to outbreaks, bioterrorism threats and other public health crises.

Priorities for TDH Public Health Regional (PHR) Offices

PHR	Priorities	Strategies	Strategic Challenges
All PHRs	<i>Plan for rapid response to public health emergencies</i>	<ul style="list-style-type: none"> Exercise local, regional and state plans relating to rapid response to saving lives and preventing the spread of disease resulting from emergencies such as bioterrorism. 	<ul style="list-style-type: none"> Communicate with multi-levels of government Ensure coordination of efforts. Educate all entities on nature of threats and means for addressing them Ensure the community knows whom to contact in case of a threat
All PHRs	<i>Strengthen local public health systems through training and education linkages.</i>	<ul style="list-style-type: none"> Offer public health exposures to students in public health, medical nursing, health care administration, family practice medicine, occupational health, and general preventive medicine. Increase the number of collaborative research relationships with institutions of higher learning. 	<ul style="list-style-type: none"> The availability of staff time for teaching, monitoring and coordinating training experiences. Impact of travel limitations on training opportunities. Educate staff teaching modalities.

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PHR 1	<i>Transition regional frame of reference at both the governmental and community levels from assuring delivery of community wide primary and preventive health care to ensuring the essential public health functions.</i>	<ul style="list-style-type: none"> • Properly defining “Public Health” and building a foundation with local health departments about the value of ensuring the presence of the essential public health functions. • Encourage/support local efforts to creatively ensure health care access: <ul style="list-style-type: none"> ✓ telemedicine, ✓ Physician Assistants and Nurse Practitioners to backup physicians, ✓ Alternative providers (EMS, school nurses, case management), and ✓ Technology and interconnectivity potential. 	<ul style="list-style-type: none"> • Work around issues of “critical mass” of population and geographic dispersion of populations (i.e., travel resource scarcity, in particular). • Create data collection that supports the validity of ensuring the essential public health functions. • Generate support for public health in communities without direct health care providers.
PHR 2/3	<i>Ensure that the essential public health functions are available across the region, which is very diverse – colonias, communities bordering large urban areas, and many isolated small communities.</i>	<ul style="list-style-type: none"> • Develop partnerships in urban areas to ensure the essential public health functions are available in all communities. • Develop plans to ensure the essential public health services in rural areas. 	<ul style="list-style-type: none"> • Experience difficulty in working out political differences with the many diverse community base organizations. • Ability to serve many diverse populations with different needs in urban areas. • Challenge in reaching rural areas to assess their needs plus monitor and evaluate the impact of the essential public health functions. • Work with small counties to develop a public health system those counties can support and sustain. • An absence of local health departments in small counties that are adjacent to large metropolitan areas.

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PHR 4/5N	<i>Educate all public health professionals and organizations on the public health vision, mission, and goals, to more effectively protect the health and safety of communities.</i>	<ul style="list-style-type: none"> • Work with all entities to define roles and responsibilities to ensure essential public health functions. • Educate community leaders on the value of public health. 	<ul style="list-style-type: none"> • Very few providers to assist with essential public health functions. • Difficulty reaching small, isolated populations, to assess needs and develop methods for ensuring the essential public health functions. • Plan for essential public health functions to a large prison population. • Presence of large number of undocumented and uninsured populations.
PHR 6/5S	<i>Plan and coordinate comprehensive public health activities in one of the largest and most ethnically-diverse urban areas of the state and nation.</i>	<ul style="list-style-type: none"> • Establish relationship with numerous local and state elected officials who represent diverse populations and interests in the regions. • Work closely with existing local health units/departments that vary greatly in size, services, capacities, and scope of technical assistance needed from regional staff. • Network with other public health providers, community-based organizations, advocacy groups, private physicians, and large urban medical/academic centers. • Partner with multicultural, multinational population groups. • Develop culturally appropriate interventions that are effective for multicultural, multinational groups (e.g., over 60 different languages spoken in the Houston School District). 	<ul style="list-style-type: none"> • Find a balance between (1) urban needs/issues among several competing local health departments and (2) rural needs in areas without local health departments. • Difficult to workout political and local health department differences in urban areas. • Ensure essential public health functions to a large urban area with vastly different populations and needs • Ensure coordination of health care activities between private and various governmental entities • Presence of language barriers. • Enhance knowledge of cultures for more meaningful educational forums and to address possible barriers to improving health status.

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PHR 6/5S	<i>Reduce risk of vaccine preventable diseases in Houston by improving childhood immunization rates.</i>	<ul style="list-style-type: none"> • Increase public awareness of problem and its potential consequences. • Assess Houston community to identify specific public-private barriers, specific risk groups, and specific intervention strategies likely to dramatically improve rates. • Assessment of potential local, state, and federal policy barriers. 	<ul style="list-style-type: none"> • Establish systematic coordination, collaboration, and communications between local, regional, central, and federal public health entities. • Establish a complete and accurate data system to monitor, assess, and identify target populations. • Identify partners for ensuring essential public health functions for an estimated large undocumented population. • Develop successful interventions that are effective among diverse, mobile, multicultural, and multinational populations.
PHR 6/5S	<i>Plan for rapid response to bioterrorism threats</i>	<ul style="list-style-type: none"> • Develop plan for addressing bioterrorism threats and attacks. • Identify appropriate local, state and federal organizations. • Develop communication links. • Define roles and responsibilities. • Develop educational materials for educating the public on bioterrorism issues. 	<ul style="list-style-type: none"> • Communicate with multi-levels of government. • Ensure coordination of efforts • Educate all entities on nature of threats and means for addressing them. • Ensure the public is informed about the issues relating to bioterrorism threats.

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PHR 7	<i>Coordinate public health activities with local health departments to more efficiently protect communities.</i>	<ul style="list-style-type: none"> • Identify services provided by local health departments, and areas of service. • Identify and plan for needs of areas not covered by local health departments. 	<ul style="list-style-type: none"> • Even though local health departments cover some areas of the region, regional staff are asked to provide additional assistance, which sometimes places strains on staff and resources • All local health departments have different expertise, staff and resources, so plans must be flexible to ensure no one falls through the cracks.
PHR 8	<i>Ensure essential public health Functions in the region, which is primarily with one large urban area.</i>	<ul style="list-style-type: none"> • Identify and plan public health strategies to address the needs of small communities. • Coordinate the provision of public health expertise during outbreaks, bioterrorism threats, and other public health crises. 	<ul style="list-style-type: none"> • Even though local health departments cover small areas of the regions, regional staff are asked to provide additional assistance, which sometimes places strains on staff and resources. • All local health departments are different – they have different expertise, staff and resources – so plans must be flexible to ensure no one falls through the cracks.

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PHR 8	<i>Monitor, assess, and manage the border health issues.</i>	<ul style="list-style-type: none"> • Work closely with other health organizations to identify issues and develop intervention/prevention strategies regarding border health issues. 	<ul style="list-style-type: none"> • Work with the many levels of government within the US and Mexico, and their policies and protocol. • It is difficult to understand and promote public health guidelines/policies across the border.
PHR 9/10	<i>Ensure essential public health functions in a region that is largely rural, but has one of the state's largest urban areas with a population that includes a large percentage of uninsured and some undocumented immigrants, and many low-income residents.</i>	<ul style="list-style-type: none"> • Identify and build partnerships with health care providers to offer preventive health services to all. • Integrate program services to maximize efficiency. • Build partnerships with other U.S. and Mexican binational public health organizations to improve communication and collaboration. • Educate and empower community leaders to support the essential public health functions. 	<ul style="list-style-type: none"> • Develop prevention strategies or approaches that can serve both rural and urban populations. • Ensure essential public health functions to mobile population regularly crossing the Texas-Mexico border. • Permeable border which allows the spread of communicable diseases to both sides of the border. • Critical need to link people to health care providers. • Sufficient program resources to ensure essential public health functions to isolated communities across the region.

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PHR 9/10	<i>Monitor, assess, and manage border health issues.</i>	<ul style="list-style-type: none"> • Work closely with other border health organizations to identify issues and develop intervention/prevention strategies. • Develop and support binational infectious disease surveillance program. • Be a leader in Ten Against TB. 	<ul style="list-style-type: none"> • Work with federal policies and political leaders in two countries. • Ability to detect and respond to a bioterrorism attack in an area that is sparsely populated but rich in agricultural or economic resources.
PHR 11	<i>Ensure essential public health functions to rural, border and Colonias populations that include a large number of uninsured individuals and undocumented immigrants.</i>	<ul style="list-style-type: none"> • Monitor at risk populations and develop appropriate intervention/prevention strategies • Link the uninsured and undocumented immigrant populations to health care services, including working together in the use of mobile public health unit to reach isolated communities. • Join with academic institutions in developing curriculums for public health training of promotoras who will enable them to conduct community health and environmental assessments. 	<ul style="list-style-type: none"> • Have the highest uninsured and poverty rates in the state. • Ensure essential public health functions to mobile population who cross the border regularly • Permeable border which contributes to spreading communicable diseases to both sides of the border • Critical need to link people to health care providers • Fewer health care providers, competing for scarce health care dollars. • Work with local leaders to identify needs and ensure essential public health functions to individuals in <i>colonias</i>, border and rural areas. • Highest medical liability claims rates in state.

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PHR 11	<i>Monitor, assess and manage binational health issues.</i>	<ul style="list-style-type: none"> • Work closely with other health organizations in U.S. and Mexico to identify issues and develop intervention plus prevention strategies for causes of morbidity and mortality conditions that can only be solved by binational approaches. 	<ul style="list-style-type: none"> • Work with the many levels of government within the U.S. and Mexico along with their policies and protocol. • It is difficult to understand and enforce public health guidelines and policies across the border.
PHR 11	<i>Link uninsured and undocumented immigrant populations to tuberculosis (TB)</i>	<ul style="list-style-type: none"> • Identify and partner with other health care providers willing and able to provide TB services. • Identify and negotiate resources to address TB issues of populations at risk. • Develop agreements and policies for transporting TB patients for required treatment. • Educate local providers on the benefits of and need to treat TB patients. 	<ul style="list-style-type: none"> • Loss of the South Texas Hospital for inpatient care services of TB, drug resistant TB, and multiple drug resistant TB. • Identify providers who are willing to deliver TB services to the uninsured and undocumented immigrant population. • Develop protocols between local, state and federal organizations to transport TB patients across immigration check points for treatment. • Find resources to purchase special vehicles to transport TB patients. • Develop funding mechanisms to reimburse health care providers who are willing to treat TB patients.